

Member/Guest No. \_\_\_\_\_ Last Name \_\_\_\_\_ Registration Date: \_\_\_\_\_



# Child Care Registration Form

Warrenton Aquatic & Recreation Facility

800 Waterloo Road, Warrenton VA 20186

## Parent/ Guardian Information (please print or type)

MOTHER		FATHER	
Name		Name	
Mailing address		Mailing address	
City		City	
State		State	
ZIP Code		ZIP Code	
Telephone (home)		Telephone (home)	
Telephone (business)		Telephone (business)	
Telephone (cell)		Telephone (cell)	
E-Mail		E-Mail	
Emergency Contact		Emergency Contact	

## Child Information

Child Care Registration Number (Office Use)	First Name	Last Name	Sex (Male/ Female)	Date of Birth (mm/dd/yy)	List Specific Medical Alerts: (e.g. seizures, asthma, allergies, diabetes, etc.)	List any current prescription medication:

### Photo Permission

I/We give permission for the Warrenton Aquatic and Recreation Facility to use our child's, (listed on reverse), photograph on the website, fliers, brochures, or any other publication relative to WARF activities. We realize that our child's first or last name will not be used in such publications.

Signature(s):

Date:

### Child Release Information

Children will not be released from the child care room to anyone other than the parent or guardian who dropped them off. In an emergency, designees may be authorized to pick-up the child (including parents) and should be identified below. In all cases, adults should present photo identification each day when dropping off a child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Special Needs/Behavior Information:

**Does your child/ren have any special needs or behaviors child care provider(s) need to be aware of? (Please list name and condition)**

I/We certify that all of the information given on this form is correct and accurate to our best knowledge and have read, understand and will comply with the child care room use, policies and rules. I/We promise that I/we will notify the child care provider, if any or all of the information changes. In case of emergency, the WARF has my/our permission to seek appropriate medical treatment for my child/children listed. I/We accept full responsibility for my child's/children's use of any and all equipment, services or other facilities owned and operated by the WARF. I/We assume all risk and shall not hold the Town of Warrenton, WARF management, employees, volunteers, or agents liable for any loss, claim, injury or damage sustained or incurred by my child/children.

Signature(s):

Date:

Signature(s):

Date: